

**§ 108A-121. Definitions.**

The following definitions apply in this Article:

- (1) CMS. – Centers for Medicare and Medicaid Services.
- (2) Critical access hospital. – Defined in 42 C.F.R. § 400.202.
- (3) Department. – The Department of Health and Human Services.
- (4) Equity assessment. – The assessment payable under G.S. 108A-123.
- (5) Medicaid equity payment. – The amount required to be paid under G.S. 108A-124.
- (6) Public hospital. – A hospital that certifies its public expenditures to the Department pursuant to 42 C.F.R. § 433.51(b) during the fiscal year for which the assessment applies.
- (7) Secretary. – The Secretary of Health and Human Services.
- (8) State's annual Medicaid payment. – For an assessment collected under this Article, an amount equal to twenty-eight and eighty-five one hundredths percent (28.85%) of the total amount collected under the assessment.
- (9) Total hospital costs. – The costs as calculated using the most recent available Hospital Cost Report Information Systems cost report data, available through CMS, or other comparable data.
- (10) Upper pay limit (UPL). – The maximum ceiling imposed by federal regulation on hospital Medicaid payments under 42 C.F.R. § 447.272 for inpatient services.
- (11) UPL assessment. – The assessment payable under G.S. 108A-123.
- (12) UPL gap. – The difference between the UPL attributable to hospital inpatient services and the reasonable costs of inpatient hospital services as defined in Section (f)(2)(A) on page 11 of Attachment 4.19-A of the State Medicaid Plan as approved on December 15, 2005.
- (13) UPL payment. – The amount required to be paid under G.S. 108A-124. (2011-11, s. 1; 2013-360, s. 12H.19(a); 2014-100, s. 12H.17(a).)